DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6320.67A
BUMED-03L
30 Dec 98

BUMED INSTRUCTION 6320.67A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: ADVERSE PRIVILEGING ACTIONS, PEER REVIEW PANEL PROCEDURES, AND HEALTH CARE PROVIDER REPORTING

Ref: (a) DoD Directive 6025.13 of 20 Jul 95 (NOTAL)
(b) SECNAVINST 6320.23
(c) BUMEDINST 6320.66B
(d) BUMEDINST 1524.1
(e) SECNAVINST 1850.4C (NOTAL)
(f) SECNAVINST 7220.75C
(g) SECNAVINST 7220.61G
(h) SECNAVINST 1920.6A
(i) Title 10, United States Code, Section 1102 (NOTAL)
(j) SECNAVINST 6320.24
(k) BUMEDINST 6010.13
(l) SECNAVINST 5214.2B

Encl: (1) Definitions
(2) Reportable Misconduct
(3) Preliminary Matters
(4) Investigation and Evaluation
(5) Privileging Authority's Initial Decision
(6) Notification and Response
(7) Peer Review Panel Procedures
(8) Privileging Authority's Final Decision
(9) Appeal
(10) Sample Message Reports

1. Purpose. To establish policies and procedures per references (a) through (c) for adverse privileging actions, peer review panel procedures, and health care provider reporting. These provisions provide a fair and impartial process to resolve allegations of impairment or misconduct that may form the basis for the denial, reduction, suspension, or revocation of clinical privileges, or the termination of a professional staff appointment.

2. Cancellation. BUMEDINST 6320.67.

3. Applicability. This instruction applies to all military (active duty and Reserve) and civilian health care providers and clinical support staff (as defined in enclosure (1)) who are assigned to, employed by, contracted to, or under partnership agreements with Department of the Navy (DON) activities. The peer review panel procedures of this instruction do not apply to

clinical support staff not required to obtain privileges per reference (c). Report clinical support staff, who are released due to physical impairment or disability or who commit misconduct as outlined in enclosure (2), to Bureau of Medicine and Surgery (BUMED) (MED-03L) for review and possible reporting to licensing or certification boards. Reference (d) governs trainees in Navy graduate medical education programs.

4. Definitions. Terms used in this instruction are defined in enclosure (1).

5. Policy

a. General

(1) Credentials review and clinical privileging processes provide Navy treatment facilities and their professional staff the means to control and improve the quality of health care to patients. Practitioners who cannot provide safe, quality, patient care must not be permitted to engage in direct patient care activities. The procedures established by this instruction afford a mechanism to promptly and equitably assess allegations of practitioner misconduct or impairment and take adverse privileging action when necessary; or, in the case of clinical support staff, establish reporting requirements for practitioner misconduct, physical disability, or impairment.

(2) The adverse privileging peer review panel process shall be an unbiased evaluation, by a panel of clinically privileged medical experts, of a provider's ability to provide competent, safe patient care. It is not intended to be an adversarial legal proceeding. For this reason, the role of the respondent's attorney shall be limited to that of an advisor or observer during the actual panel proceedings, without the right to directly address the hearing panel or witnesses.

(3) Practitioners who have a potentially infectious disease or who are undergoing treatment or evaluation for a temporary medical condition not requiring a medical board under reference (e) will be temporarily reassigned to non-direct patient care activities. This administrative reassignment is not an adverse action.

(a) The limitation of privileges of a practitioner infected with the HIV virus, solely based upon a risk of disease transmission to a patient, is considered administrative and is not an adverse privileging action. (Example: An HIV infected surgeon who is outwardly healthy, but who is restricted from performing invasive surgical procedures due to a risk of provider-to-patent HIV transmission).

(b) The limitation or revocation of privileges of a practitioner infected with the HIV virus as a result of medical impairment caused by AIDS is considered an adverse privileging action. (Example: An HIV infected provider who has become physically debilitated by AIDS to the point they can no longer practice).

(4) Practitioners who are the subject of a final adverse privileging action must have their special pays re-evaluated per references (f) and (g).

b. Peer Review Process. This instruction divides the peer review process into seven distinct phases. These procedures provide a framework to balance the interests of patient safety and enhanced quality of care against the competing interests of due process, fundamental fairness, and equal treatment. The seven phases are:

(1) Preliminary matters (enclosure (3)).

(2) Investigation (enclosure (4)).

(3) Initial decision (enclosure (5)).

(4) Notification and response (enclosure (6)).

(5) Peer review panel procedures (enclosure (7)).

(6) Final decision (enclosure (8)).

(7) Appeal (enclosure (9)).

c. Basic Principles. Several basic principles apply in all phases of the peer review process. These principles are:

(1) All decisions and actions should occur only after reasonable investigative effort to ascertain relevant facts. Precipitous decisions or actions do not promote quality health care and must be avoided.

(2) Concern for patient safety and the furtherance of quality health care are the primary factors affecting decisions and actions in the peer review process.

(3) Criminal or other misconduct that does not agree with acceptable standards of ethical, medical, or military professionalism and responsibility may also be detrimental to patient safety and the delivery of quality patient care by its effect on the medical staff and patient communities.

(4) The peer review process must be carried out in a manner that guarantees due process, fundamental fairness, and equal treatment to both military and civilian providers.

(5) All final decisions and actions must be warranted by the facts and comply with the procedures of the peer review process.

6. Responsibilities

a. Commanding officers and privileging authorities must:

(1) Inquire into and, when necessary, investigate, without delay, allegations of health care practitioner impairment or misconduct. Prompt action is necessary to safeguard patient care, to protect individual rights, to preserve the effectiveness and integrity of Navy medical and dental treatment facilities, and to initiate judicial, non-judicial, or adverse privileging action, as appropriate. If clinical privileges of a provider are summarily suspended, comply with the peer review panel procedures of enclosure (7) of this instruction.

(2) Authority for initiating the procedures contained in this instruction lies with the designated privileging authority and cannot be delegated. When an adverse privileging action is initiated, the privileging authority must be actively involved in the entire process. It is strongly recommended that an acting commanding officer only initiate peer review procedures in those instances where the commanding officer will be absent for an extended period of time and the circumstances require immediate privileging action.

(3) Report the actions listed below to BUMED (MED-03L), within 5 days of their occurrence. Message, facsimile, or electronic mail transmission is permitted, but must provide all of the information required by the sample report formats of enclosure (10).

(a) The commencement of an investigation convened per enclosure (4) of this instruction.

(b) The referral of an allegation of practitioner misconduct or impairment to a peer review panel per enclosure (5) of this instruction.

(c) The final action on a provider's privileges following peer review procedures per enclosures (7) and (8) of this instruction.

(d) Allegations of reportable misconduct per enclosure (9) of this instruction.

(e) The recommendation of a medical board or civilian personnel agency that a health care provider be separated, terminated, or retired (temporarily or permanently) due to disability.

(4) In cases of adverse privileging action, forward to BUMED (MED-03L) within 3 days of the provider's appeal, waiver of appeal, or expiration of the appeal period:

(a) Notice of suspension and advice of rights letter.

(b) Provider's response to the notice of suspension and advice of rights letter.

(c) Peer review panel report.

(d) Provider's comments on the peer review panel report.

(e) Privileging authority's notification of his or her final decision to the provider.

(f) Provider's appeal, with endorsement, to the privileging authority's final decision, if applicable.

(5) Provide letter notification to Government or civilian health care facilities where a provider provides clinical services while assigned for training, staff assistance, or has permission to engage in off-duty remunerative employment when clinical privileges of the provider are placed in abeyance or summarily suspended. These facilities must also be notified if the provider's clinical privileges are later reinstated, suspended, reduced, or revoked. Notification will include a short summary of the reasons for the action.

b. BUMED Special Assistant for Medico-Legal Affairs (MED-03L) must report the following actions directly to applicable State and national licensing and certification agencies, applicable professional clearing houses, the National Practitioner Data Bank, the Assistant Secretary of the Navy for Manpower and Reserve Affairs, and the Assistant Secretary of Defense for Health Affairs within 5 working days:

(1) Final adverse privileging actions, as defined in enclosure (1), resulting in the denial, suspension, reduction, or revocation of clinical privileges or termination of professional staff appointment.

(2) Health care practitioners (both active duty and civilian) who are released from active duty, retired, or have their employment terminated due to disability.

(3) Health care practitioners referred for courts-martial, indicted by a civilian court, or found to have committed acts of misconduct per enclosure (2). A follow-up report will be sent in appropriate cases confirming a final verdict, adjudication, or administrative disposition.

(4) In coordination with the chief of the appropriate corps, BUMED (MED-03L) will report final adverse privileging actions against military providers and allegations of criminal misconduct against health care practitioners to the Bureau of Naval Personnel per reference (h). Either action may warrant separation for cause.

7. Confidentiality. Documents and records created per this instruction are quality assurance documents under references (i) through (k) and are releasable only by following the provisions of that statute and instruction. Requests by regulatory or licensing agencies for information regarding permanent adverse actions or reportable misconduct will be referred to BUMED.

8. Reports exemption. The reporting requirements of paragraph (6) are exempt from reports control by reference (l), part IV, paragraph G11.

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Available at:
http://support1.med.navy.mil/bumed/instruct/external/external.htm

DEFINITIONS

1. Abeyance. The temporary removal of a health care provider from clinical duties while an inquiry into allegations of provider impairment or misconduct is conducted. Periods of abeyance provide privileging authorities the opportunity to review allegations while ensuring patient safety and protecting providers from unwarranted adverse privileging action. An abeyance terminates upon referral to a peer review hearing or at the end of 28 days, whichever occurs sooner. An abeyance is not an adverse action and is non-punitive.

2. Adverse Privileging Action. The denial, suspension, reduction, or revocation of clinical privileges based upon provider impairment or misconduct. Termination of a professional staff appointment based upon conduct incompatible with continued professional staff membership is also an adverse privileging action. The voluntary relinquishment of privileges by providers in administrative positions who are unable to maintain current competency is not an adverse privileging action.

3. Clinical Privileges. Clinical privileges define the scope and limits of practice for individual providers based upon the assets and capability of the medical or dental treatment facility, peer and departmental recommendations, and the provider's licensure, relevant training and experience, current competence, ability to perform, and judgment. Clinical privileges include both core and supplemental privileges.

4. Clinical Support Staff. Personnel required to be licensed, but who are not privileged providers. This category includes pharmacists, dental hygienists, and non-privileged nurses.

5. Denial of Privileges (Denial). An adverse privileging action that denies privileges requested by a practitioner when those privileges are of a nature that would normally be granted at the facility to a practitioner of similar education, training, and experience in the same specialty. A privileging authority may only deny privileges after affording the practitioner the opportunity for a peer review hearing. Denial of a request for reinstatement of privileges previously suspended or reduced within the prior year or revoked within the prior 2 years is not a denial of privileges within the meaning of this definition and will not require a peer review hearing.

6. Health Care Provider (Provider). Military (active duty or drilling Reserve) or DON civilian health care professional (Federal civil service, foreign national hire, contract, managed care support contract (MCSC) provider working within a Navy medical treatment facility (MTF) or partnership) required by references (a) and (b) to be granted clinical privileges to independently diagnose, initiate, alter, or terminate health care

treatment regimens within the scope of his or her license, certification, or registration. This category includes physicians, dentists, nurse practitioners, nurse midwives, nurse anesthetists, clinical psychologists, optometrists, clinical dieticians, podiatrists, clinical social workers, pharmacists, physical therapists, occupational therapists, audiologists, speech pathologists, marriage and family therapists, and physician assistants. Individuals enrolled in training programs leading to qualification for clinical privileges are also considered health care providers for purposes of this instruction.

7. Health Care Practitioners. Health care providers and clinical support staff collectively.

8. Impairment. Any personal characteristic or condition that may adversely affect the ability of a health care practitioner to render quality health care. Impairments may be professional, behavioral, or medical. Professional impairments include deficits in medical knowledge, expertise, or judgement. Behavioral impairments include unprofessional, unethical, or criminal conduct. Medical impairments are conditions that permanently impede or preclude a health care practitioner from safely executing his or her responsibilities as a health care practitioner.

9. Misconduct. Violations of the Uniform Code of Military Justice or Federal, State, or local criminal laws, or laws regulating the practice of medicine or allied health care professions that adversely impact a provider's ability to provide quality health care. This term specifically includes the conduct or actions listed in enclosure (2) to this instruction.

10. National Practitioner Data Bank (NPDB). The agency established per regulations issued by the Department of Health and Human Services to collect and maintain data on substandard clinical performance and unprofessional conduct of health care providers. Requires reports of adverse privileging actions taken against providers and payments made to settle or satisfy claims or judgments resulting from medical malpractice of providers.

11. Peer Review Hearing. The hearing convened by a privileging authority to determine the merits of allegations of impairment or misconduct, to afford providers an opportunity to rebut such allegations, and to recommend the denial, limitation, revocation, granting, or reinstatement of clinical privileges.

12. Privileging Authority. Chief, BUMED is the corporate privileging authority for all DON practitioners. The following are designated representatives of Chief, BUMED and are authorized to exercise the duties of the privileging authority in this instruction:

a. The designated privileging authority for providers assigned to fixed medical or dental treatment facilities (MTFs or DTFs) is the commanding officer of the treatment facility. The Assistant Chief for Health Care Operations (MED-03) and the Assistant Chief for Dentistry (MED-06), BUMED, are the designated privileging authorities for providers who are commanding officers of fixed MTFs or DTFs, respectively.

b. The designated privileging authority for providers assigned to the fleet, excluding the Fleet Marine Force (FMF), is the fleet type commander.

c. The designated privileging authority for all providers assigned to the FMF, except dentists, is the Commanding General of the Marine Division, Marine Air Wing, or Force Service Support Group to which the provider is assigned.

d. The designated privileging authority for dental officers assigned to the FMF is the commanding officer of the dental battalion to which the dental officer is assigned. The designated privileging authority for a dentist who is a commanding officer of a dental battalion is his or her commanding general.

e. The designated privileging authority for inactive Naval Reserve providers is the Officer in Charge, Healthcare Support Office (HLTHCARE SUPPO), Jacksonville, Florida.

f. Any other specifically designated privileging authority assigned by Chief, BUMED.

g. This designated privileging authority cannot be further delegated unless granted specific approval per reference (c) or BUMED.

13. Professional Staff Appointment. Formal written authorization to perform patient care to be accompanied by a delineation of authorized clinical privileges.

14. Quality Health Care. Health care in any given situation:

a. Is thought by knowledgeable, responsible clinicians to be in consonance with the practice and standards of the applicable professional community.

b. Is associated with a high probability for good clinical results.

c. Is consistent with the policies, guidance, and general requirements of authorized accrediting organizations.

15. Reduction in Privileges. The permanent removal of a portion of a provider's clinical privileges. The reduction of privileges may be based upon substandard performance, misconduct, physical impairment, or other factors limiting a provider's professional capability. Reduction in privileges is an adverse action reportable to the NPDB. This action would only be used in those limited cases where a peer review panel or privileging authority make a specific determination that a provider would be unable to be reinstated in the area of reduced privileges, even with retraining. (Suspension is the preferred alternative to reduction.)

16. Revocation of Privileges (Revocation). An adverse privileging action that permanently removes all of a provider's clinical privileges. A privileging authority may only revoke privileges after the provider has been afforded the opportunity for a peer review hearing. Revocation is reportable to the NPDB.

17. Summary Suspension of Privileges (Summary Suspension). The temporary removal of all or part of a provider's clinical privileges before the completion of due process procedures. A summary suspension would be used during the period between an abeyance and the completion of due process procedures. Summary suspension of privileges within DoD is not reportable to the NPDB, unless the final action is reportable.

18. Suspension of Privileges (Suspension). The temporary removal of all or part of a provider's clinical privileges resulting from lack of current competence, negligence, or unprofessional conduct after due process procedures are completed. Suspension of privileges is reportable to the NPDB. Suspension of privileges would be used when in the privileging authority's judgment, additional training, education, or treatment may correct underlying deficiencies and allow reinstatement of full privileges. In such cases, the NPDB must be notified of the suspension, then informed when privileges are reinstated, or if not reinstated, when privileges are reduced or revoked.

REPORTABLE MISCONDUCT

The following acts of misconduct by health care providers and clinical support staff will be reported, at the times prescribed, to Chief, BUMED (MED-03L). Each of the actions listed may be cause for initiation of processing for separation for cause under reference (e) or for adverse personnel action.

1. Misconduct which must be reported after all command action, including appeals, is complete:

a. Fraud or misrepresentation involving application for enlistment or commission into naval service that results in discharge from the Navy.

b. Fraud or misrepresentation involving any application for any contract for professional employment, clinical privileges, or extension of service obligation.

c. Proof of cheating on a professional qualifying examination.

d. Abrogation of professional responsibility through any of the following actions:

(1) Deliberately making false or misleading statements to patients as regards clinical skills or clinical privileges.

(2) Willfully or negligently violating the confidentiality between the provider and patient except as required by civilian or military law.

(3) Drug abuse.

(4) Being found impaired by reason of alcohol abuse or alcoholism.

(5) Intentionally aiding or abetting the practice of medicine or dentistry by obviously incompetent or impaired persons.

(6) Committing an act of sexual abuse or exploitation related to clinical activities, and such acts not related to clinical activities when, in the judgement of the privileging authority, such acts impair the provider's overall effectiveness and credibility within the health care system or within his or her professional or patient communities.

(7) Possessing or using any drug legally classified as a controlled substance, as defined by Title 21, United States Code, section 811 et seq., as updated and republished under the provisions of that section in the Code of Federal Regulations, for other than acceptable therapeutic purposes.

e. Prescribing, selling, administering, or providing Schedule II substances as defined by Title 21, United States Code, section 811 et seq., as updated and republished under the provisions of that section in the Code of Federal Regulations, for use by the provider or a family member of the provider without prior waiver of policy.

f. Failure to report to the privileging authority any disciplinary action taken by a professional or a governmental organization reportable under this instruction.

g. Failure to report to the privileging authority malpractice awards, judgments, or settlements occurring outside DON facilities.

h. Failure to report to the privileging authority any professional sanction taken by a civilian licensing agency or health care facility.

i. Committing any misdemeanor that is punished by actual fine of over $1,000.00 or confinement for over 30 days.

2. Misconduct to be reported upon referral for trial by courts-martial or indictment in a civilian court and upon final verdict, adjudication, or administrative disposition.

a. Offenses designated as felonies by the jurisdictions in which the alleged offense occurred.

b. Offenses punishable by confinement or imprisonment for more than 365 days under Title 10, United States Code, sections 801 through 940.

c. Entry of a guilty or nolo contendre plea, or request for discharge in lieu of courts-martial while charged with an offense designated in paragraph 2a or 2b above.

d. Committing an act of sexual abuse or exploitation related to the practice of medicine or dentistry.

e. Receiving compensation for treatment of patients eligible for care in DoD hospitals.

f. Prescribing, selling, administering, giving, possessing, or using any Schedule II substances, as defined by Title 21, United States Code, section 811 et seq., as updated and republished under the provisions of that section in the Code of Federal Regulations, for other than medically-acceptable therapeutic purposes.

PRELIMINARY MATTERS

1. Allegation

a. Any allegation of provider impairment or misconduct must be referred immediately to the privileging authority.

b. The privileging authority must follow the procedures of this instruction. The procedures remain unchanged regardless of whether the provider later separates from military service or otherwise terminates employment with DoD. Voluntary offers to resign or limit privileges in lieu of adverse privileging action will not be accepted.

c. If the provider separated from military service within 1 year before the privileging authority's receipt of the allegation, the privileging authority must ensure the allegation is thoroughly investigated per enclosure (4) of this instruction.

(1) If, after investigation, the privileging authority determines a summary suspension of privileges would have been appropriate were the provider still privileged, a synopsis of the investigation must be forwarded to the provider for comment. The provider must be advised the investigation and any comments or other matters he or she provides will be forwarded to BUMED for a determination whether the provider's States of known licensure will be notified of the allegations and investigative findings. The provider must be afforded at least 30 days from receipt of the investigative synopsis to respond. A sample letter to the provider is attached as exhibit 3-1.

(2) Upon receipt of the provider's response, if any, the privileging authority must forward the investigation and the provider's response to BUMED (MED-03L). BUMED will then determine if the allegation would have justified a final adverse privileging action. If so, BUMED will notify the provider's States of known licensure of the allegations, the findings of the investigation, and any response by the provider.

2. Preliminary Inquiry

If the privileging authority believes it is necessary to gather additional information before deciding to convene a further investigation, he or she may order a preliminary inquiry. The purpose of a preliminary inquiry is not to do a full investigation, but rather to gather sufficient information to determine if a full investigation is needed, and whether the provider should retain clinical privileges during the course of any such investigation.

b. If a preliminary inquiry is ordered, submit the written report of that inquiry to the privileging authority within 48 hours of the privileging authority's receipt of the allegation. No particular format for the report is required.

3. Preliminary Decisions

a. Based upon the allegations and results of any preliminary inquiry (if ordered), the privileging authority must decide:

(1) Whether to convene further investigation of the allegations. The privileging authority must convene an indepth investigation unless he or she is confident the allegations are untrue or that no adverse privileging action would be warranted even if the allegations were true.

(2) Whether the provider should retain clinical privileges during any further investigation. The privileging authority has three preliminary options regarding the practitioner's privileges:

(a) Permit the provider to retain all privileges. This option should only be exercised in those cases where it is absolutely clear that patient safety is not at risk.

(b) Place the provider's privileges in abeyance, in whole or in part. Abeyance allows a privileging authority a 28-day window to thoroughly investigate an allegation, and also ensures patient safety by removing a potentially dangerous provider from patient care until a decision is made on further action. Exhibit 3-2 is a sample letter notifying a provider of a privilege abeyance.

(c) Place the provider's privileges in summary suspension. Summary suspension should only be used at this early juncture in those cases where it is apparent that abeyance is unnecessary. When a provider's privileges are placed in summary suspension, the formal investigation must be completed within 60 days. Exhibit 3-2 is a sample letter notifying a provider of a privilege summary suspension.

SAMPLE LETTER TO FORMER DON PROVIDER ADVISING
OF THE RESULTS OF INVESTIGATION

From: Commanding Officer, Naval Hospital, Quality Care
To: Provider

Subj: ALLEGATION OF (MISCONDUCT AND/OR IMPAIRMENT)

Ref: (a) DoD Directive 6025.13 of 20 Jul 95
(b) SECNAVINST 6320.23
(c) BUMEDINST 6320.67A

Encl: (1) Synopsis of Investigation

1. On (date), this command received an allegation that you (had committed an act of misconduct) (were impaired).

(Set out specifics of the allegation(s))

2. As required by references (a) through (c), I convened an investigation to inquire into the circumstances surrounding the allegation. Enclosure (1) is a synopsis of that investigation.

3. Per reference (c), enclosure (1) is forwarded to you for comment. Your comments and any other relevant information you desire to include should be returned to this command within 30 days of your receipt of this letter.

4. You are advised that I will be forwarding the investigation with any comments you submit to the Bureau of Medicine and Surgery. You are further advised the Bureau of Medicine and Surgery may notify the professional licensing agency for your States of known licensure of the allegations and the results of the investigation.

(Signature)

SAMPLE NOTICE OF PRIVILEGES ABEYANCE/SUMMARY SUSPENSION

From: Commanding Officer, Naval Hospital, Quality Care
To: Provider

Subj: ABEYANCE/SUMMARY SUSPENSION OF CLINICAL PRIVILEGES

Ref: (a) BUMEDINST 6320.67A

1. You are hereby notified that, effective immediately and per reference (a), all of your clinical privileges at Naval Hospital, _____ are in abeyance/summary suspension. (This sample provides for total abeyance/summary suspension of privileges. If only a partial abeyance/summary suspension action is taken, specifically identify the clinical privileges affected.) This action is based on allegations you (committed an act of misconduct) (are impaired).

(Set out the specifics of the allegation(s))

2. During this period of privilege abeyance/summary suspension, you are relieved of all clinical duties; you may not see any patient nor engage in any other activity directly involving patient contact. In addition, you may not engage in any off-duty remunerative employment during this abeyance period.

3. Per reference (a), this action is neither punitive nor adverse.

4. This period of abeyance/summary suspension will not exceed 28 days (or 60 days if summary suspension) from the date of this notification.

(Signature)

Copy to:
Chairman, Credentials Committee
Professional Affairs Coordinator

RECEIPT ACKNOWLEDGED

_____ _____
(Provider's Signature) (Witness' Signature)

_____ _____
(Date) (Date)

INVESTIGATION AND EVALUATION

1. Investigation

a. The privileging authority must order an investigation unless he or she is confident the allegations against the provider are untrue or are of such an inconsequential nature that no adverse action would be taken, even if they were true.

b. If a provider's privileges have not been placed in abeyance, the investigation must be completed within 60 days. However, if a provider's privileges have been placed in abeyance, the investigation must be completed within 28 days. If this is not possible, an interim investigative report must be provided to the privileging authority before the 28th day of abeyance so the privileging authority can determine whether a summary suspension is appropriate before expiration of the abeyance period. (An abeyance period cannot be extended beyond 28 days.)

c. The investigation is conducted solely in furtherance of the credentials review and clinical privileging process. Accordingly, the report of investigation is a quality assurance document within the meaning of reference (h), and disclosure of its contents is prohibited except as permitted by that statute. If the circumstances surrounding the allegation require an investigation under the Manual of the Judge Advocate General, or other directive, a separate investigation should be convened.

d. The privileging authority should appoint as investigator an officer who is qualified to assess and evaluate any special medical issues raised by the allegations. The report of investigation may be in any format prescribed by the privileging authority, but must contain, at a minimum:

(1) A summary of each allegation.

(2) A list of all relevant documents and their location. If any relevant documents are not available, or are not appended to the report, the report should explain such deficiencies. Documents not appended to the report must be safeguarded to ensure their availability during the peer review process.

(3) A list of all material witnesses, along with their addresses and telephone numbers. The report should include witness statements or interview summaries.

(4) A recitation of the relevant facts for each allegation.

(5) Conclusions for each allegation as to whether the allegation is true, partially true, or untrue. The standard for

reaching these conclusions is preponderance of the evidence; that is, based upon the evidence, it is more likely than not the allegation is true, partially true, or untrue.

2. Evaluation

a. In addition to the investigation, the privileging authority may seek to have the provider evaluated to determine the existence or extent of any alleged impairment. This may entail a period of supervised practice in a case alleging professional impairment, a period of hospitalization in a case alleging medical impairment, or any other type of evaluation appropriate to the circumstances.

b. If the provider is on active duty, he or she may be ordered to participate in the period of evaluation. If the provider is not on active duty, the period of evaluation may be offered by the privileging authority, but not directed. (If an active duty provider is ordered to undergo an involuntary mental health evaluation, the procedures contained in reference (j) would apply.)

c. A written report must be provided to the privileging authority at the end of the evaluation period. The report should contain an opinion by the evaluator as to whether or not the provider is impaired, and should detail the basis for that opinion.

d. The evaluation report must be provided to the privileging authority on the same date the report of investigation is due (i.e., not later than 60 days from the date the investigation is convened, unless an earlier due date is specified). If the provider is in a period of abeyance, an interim evaluation report must be provided to the privileging authority by the 28th day of the abeyance period.

e. The provider may request a period of evaluation, but he or she is not entitled to one as a matter of right.

PRIVILEGING AUTHORITY'S INITIAL DECISION

1. Upon receipt of the final report of investigation and evaluation, the privileging authority must decide whether to reinstate privileges, if the privileges were in abeyance, or to summarily suspend privileges, in whole or in part, and convene a peer review hearing. (If privileges were in abeyance, this decision must be made before the end of the 28th day of the abeyance period.)

2. If a provider's privileges are summarily suspended, the privileging authority must withdraw any previously granted permission for the provider to engage in off-duty employment. Exhibit 6-1 of enclosure (6) to this instruction is a sample notice of summary suspension of clinical privileges.

NOTIFICATION AND RESPONSE

1. Letter of Notification

a. Within 7 days of summarily suspending a provider's privileges or modifying a previously imposed summary suspension, the privileging authority must notify the provider, in writing, of the following:

(1) The date on which the summary suspension became effective.

(2) The scope of the summary suspension. If the summary suspension affects less than all of the provider's privileges, the notification letter must specify which privileges are affected and the extent of any limits on privileges. The provider must also be advised further action reducing or revoking privileges could be taken based upon a peer review panel's findings.

(3) The summary suspension grounds. The letter of notification must state the action taken is based on an allegation of provider misconduct or impairment. Accompanying each allegation must be a thorough summary of the factual grounds that caused the summary suspension.

(4) If the final action after completion of the peer review process is denial, reduction, suspension, or revocation of the provider's privileges, the following consequences will ensue:

(a) The provider's staff appointment may be revoked.

(b) The final action will be reported to the provider's State licensure board(s), the Federation of State Medical Boards or the American Association of Dental Examiners, the NPDB, ASD(HA), and such other professional clearing houses, organizations, or agencies as may be appropriate or required under the circumstances.

(c) For military providers, where appropriate, the final action will be reported by BUMED (MED-03L) to the Bureau of Naval Personnel (PERS-8) (or sister Service equivalent) for a determination whether the provider should be administratively separated for cause.

(d) For Federal civilian employees, the final action may form the basis of an action to terminate employment for cause.

(e) For employees of Government contractors, the final action will be reported to the Government contractor for action consistent with the rights of the Government under the contract.

(f) For personal service contractors or providers working under the terms of a partnership agreement, or MCSC providers working in Navy MTFs, the final action may be the basis for terminating the contract or agreement.

(5) The right to appear at a peer review panel hearing, with the following rights at such hearing:

(a) The right to be present.

(b) The right to have an attorney or other representative present. The attorney or representative shall not have the right to address the panel or witnesses directly, and shall be limited to the role of advisor or observer.

(c) The right to present evidence.

(d) The right to make a statement to the peer review panel.

(6) The right to waive any of the above hearing rights, including the right to a peer review panel hearing. In such case, the provider may submit written matters for the panel's consideration.

(7) Failure to respond to the letter of notification within 7 days constitutes a waiver of the right to appear at the peer review hearing. An extension of this 7-day period may be granted by the privileging authority for good cause.

(8) Failure to appear at the hearing after receiving notice about the time, date, and location of the hearing constitutes a waiver of the right to appear unless the privileging authority grants a continuation of the hearing date.

(9) Of the right to have reasonable opportunity to consult with counsel or other advisor before electing or waiving hearing rights. Absent unusual circumstances, 7 days will normally be considered a reasonable opportunity.

b. Exhibit 6-1 is a sample letter of notification and advice of rights.

2. Provider's Response to the Letter of Notification

a. Upon receipt of the letter of notification, the provider has 7 days to respond in writing. The response letter should indicate the following:

(1) Whether the provider elects to appear before a peer review panel or waives such appearance.

(2) Whether the provider elects to submit written matters for consideration by the peer review panel if he or she waives the peer review hearing.

b. The provider's failure to respond to the letter of notification within 7 days constitutes a waiver of the right to a hearing unless an extension is granted by the privileging authority for good cause. To receive such an extension, the provider must request the extension in writing and show good cause for why he or she was unable to respond to the letter of notification within the limits allowed.

SAMPLE NOTICE OF CLINICAL PRIVILEGES SUMMARY SUSPENSION AND ADVICE OF RIGHTS LETTER

From: Commanding Officer, Naval Hospital, _____
To: (Respondent)

Subj: NOTICE OF CLINICAL PRIVILEGES SUMMARY SUSPENSION AND ADVICE OF RIGHTS

Ref: (a) SECNAVINST 6320.23
(b) BUMEDINST 6320.67A
(c) BUMEDINST 6010.18

1. I have determined there is sufficient evidence to indicate you (may have committed an act of misconduct) (may be impaired). Accordingly, per references (a) and (b), all of your clinical privileges at Naval Hospital, _____ are summarily suspended, effective immediately. (This sample provides for a total summary suspension of privileges. If only a partial summary suspension is invoked, the specific clinical privileges affected must be identified.) Authority to engage in any off-duty remunerative employment is hereby withdrawn.

2. The grounds of the summary suspension are as follows:

(Include the specific misconduct or impairment upon which the summary suspension is based. These should be specific allegations that clearly identify the misconduct or impairment.)

3. In cases of partial summary suspension, all clinical privileges could be revoked based upon peer review panel recommendations. Your staff appointment could also be terminated.

4. Per references (a) and (b), you have the right:

a. To appear at a peer review panel hearing.

b. To have counsel or other representative present at the peer review panel hearing to serve as an advisor or observer.

c. To present evidence at the peer review panel hearing.

d. To make a statement to the peer review panel.

e. To appeal any permanent adverse privileging action taken against you as a result of the peer review hearing.

f. To waive the rights in paragraphs 4a through 4e above.

g. To a reasonable opportunity to consult with counsel before electing or waiving any of the rights of this paragraph. Absent unusual circumstances, 7 days will normally be considered a reasonable opportunity.

5. This action may result in a temporary suspension, or permanent reduction or revocation of your clinical privileges. If the final action after completion of all appeal procedures is to deny, suspend, reduce, or revoke your clinical privileges or terminate your staff appointment, that fact must be reported to the Federation of State Medical Boards, States of licensure, NPDB, or other applicable professional clearing house, the Office of the Secretary of Defense for Health Affairs, and other organizations or agencies as required by references (b) and (c).

6. Include, as applicable, one of the following paragraphs:

a. For military providers. The final action will be reported to the Bureau of Naval Personnel (or equivalent, if a member of another Service) to determine whether to administratively separate you for cause.

b. For Federal civilian employees. The final action may form the basis of an action to terminate your employment for cause.

c. For employees of Government contractors. The final action will be reported to your employer for action consistent with the rights of the Government under its contract with your employer.

d. For personal service contractors or providers working under the terms of a partnership agreement. The final action may be the basis for action terminating your contract or agreement with the Government.

7. If you desire to elect any of the rights afforded you in paragraph 4 above, you must make your elections in writing addressed to me within 7 days of your receipt of this letter. Absent an extension granted by me for good cause, your failure to do so constitutes a waiver of your rights, including the right to appear at a peer review hearing. Additionally, absent a continuation granted by me for good cause, your failure to appear at the hearing after being given notice about its time, date, and location constitutes a waiver of your right to appear.

(Signature)

Copy to:
(Continued on next page.)

Copy to:
Chairman, Credentials Committee
Professional Affairs Coordinator
Head, Disbursing

RECEIPT ACKNOWLEDGED

(Provider's Signature)	(Witness' Signature)
(Date)	(Date)

PEER REVIEW PANEL PROCEDURES

1. General

a. A peer review panel must be convened to review every case in which the clinical privileges of a provider have been summarily suspended.

b. If the provider elects the right to a peer review hearing, the hearing procedures of paragraph 5 of this enclosure will be followed.

c. If the provider waives the right to a peer review hearing, the peer review panel will still meet to review the reports of investigation and evaluation as well as any documents submitted by the provider. Upon completion of their review, the panel will deliberate and prepare a report per paragraphs 8 and 9 of this enclosure.

d. If necessary to conduct a thorough review of the allegations in the case, the peer review panel may direct the recorder to gather additional information and secure the attendance of witnesses.

2. Notice of Hearing

a. If the provider requests a hearing, it may not be held sooner than 30 days after the provider receives the letter of notification of summary suspension of clinical privileges, unless both the provider and the privileging authority agree to an earlier date.

b. At least 10 days before the peer review hearing, the privileging authority must inform the provider, in writing, of the following matters:

(1) Date, time, and location of the hearing.

(2) Failure to appear at the hearing constitutes a waiver of appearance.

(3) Rights and obligations of the provider at the hearing as set forth in paragraphs 3 and 6 of this enclosure.

c. A sample letter of notification of hearing is attached to this enclosure as exhibit 7-1.

3. Prehearing Disclosure of Information

a. At least 10 days before the scheduled date of hearing, the provider must be informed of the names of all witnesses the panel intends to call, with a brief statement concerning their

expected testimony. At least 10 days before the hearing, the provider must also be provided copies of all documents the panel will receive and consider, including any reports of investigation and evaluation of the provider.

b. At least 7 days before the scheduled date of the hearing, the provider must provide to the recorder for the peer review panel the names of all witnesses he or she intends to call before the panel, with a brief statement concerning their expected testimony. At that time, and per paragraph 5c(6) of this enclosure, the provider must also submit any requests for assistance from the privileging authority in obtaining the appearance of any witness at the hearing. At least 7 days before the scheduled date of the hearing, the provider must also provide to the recorder, copies of all documents the provider intends to introduce at the hearing.

c. Witnesses or documents not disclosed per this section may not be considered by the panel unless the proponent can show good cause for failure to comply.

4. Peer Review Panel Membership

a. The chairperson of the credentials committee serving the privileging authority will normally serve as chairperson of the peer review panel unless the chairperson previously served as the preliminary inquiry officer, investigating officer, or advised the privileging authority concerning the final disposition of the case.

b. Including the chairperson, the peer review panel should number three to five members. All panel members must be privileged providers, qualified by reason of training, experience, and temperament. If relevant to issues before the panel, and if reasonably possible, at least one member should be of the same medical specialty as the provider. For peer review hearings involving civilian providers, one member of the panel should be another civilian provider, if reasonably possible.

c. The privileging authority must appoint a non-voting recorder to present evidence regarding the allegation(s) to the peer review panel. The recorder will not participate in the closed deliberations of the peer review panel. The recorder should normally be a Medical Service Corps officer whose responsibilities are to present documentary evidence, witness testimony, and such other duties as are appropriate or assigned. A recorder should be an unbiased fact presenter for the panel and should not be an advocate for a particular outcome. A Staff Judge Advocate (SJA) for an MTF or other Judge Advocate General's Corps (JAGC) officer should not be appointed as recorder.

d. The privileging authority may appoint a non-voting legal advisor to advise the chairperson of the peer review panel on procedural or evidentiary issues. The legal advisor should remain on standby and available during the panel hearing, rather than being present in the hearing room. The legal advisor should not become involved in aspects of the hearing other than procedural or evidentiary issues. The legal advisor will not actively participate in the closed deliberations of the peer review panel. The legal advisor to the panel may be an MTF SJA or other JAGC officer.

e. Exhibit 7-2 is a sample peer review panel appointing letter.

5. Peer Review Panel Hearing Procedures

a. Presiding Officer. The chairperson of the peer review panel presides at the hearing and rules on all matters of procedure and evidence. The chairperson may seek advice from the legal advisor (if appointed) before ruling on such issues.

b. Rules of Evidence. The rules of evidence for courts-martial and other judicial proceedings do not apply. Oral and written matter not admissible in a court of law may be considered by the peer review panel, subject only to reasonable restrictions on relevance, materiality, competence, and cumulativeness.

c. Witnesses. Any witness who is reasonably available and whose testimony will add materially to issues before the peer review panel will be invited to appear at the hearing. No peer review panel member can be a witness in a panel hearing to which he or she is assigned as a member.

(1) Witnesses not within the immediate geographic area of the site of the peer review panel hearing are not reasonably available. Written statements of witnesses not reasonably available or who decline to appear at the hearing may still be considered by the peer review panel. Telephonic testimony to the panel by a "not reasonably available" witness may also be used as an alternative.

(2) The privileging authority must request a commanding officer or activity head make available military or DON civilian employees whose appearance at the peer review panel hearing is considered essential to a full and fair proceeding, but who either decline an invitation to appear or are not reasonably available. This applies only to those witnesses deemed "essential" by the privileging authority. The commanding officer or activity head of an active duty military or DON civilian witness determines whether the witness will be permitted to attend the hearing.

(3) Witnesses not on active duty or not employed by the DON must appear voluntarily and at no expense to the Government, except when the privileging authority determines the personal appearance of a witness is necessary to a full and fair proceeding.

(4) In determining whether the personal appearance of a witness is necessary to a full and fair proceeding, the privileging authority must consider the relevancy and value of the prospective testimony to issues before the peer review panel, whether such testimony is cumulative to other evidence available to the panel, and whether written, telephonic, or previously recorded testimony will adequately suffice as an alternative.

(5) If the privileging authority determines the appearance of a witness is necessary, he or she should authorize funds as needed to secure the witness' appearance at the peer review hearing and delay or continue the peer review hearing to permit the witness to attend.

(6) The privileging authority should delay or continue the peer review hearing to provide the provider a reasonable opportunity to obtain a written statement from non-DoD civilian witnesses who decline to attend the hearing, and from active duty military or DON civilian employees who are not made available to attend the hearing.

d. Administrative Hearing Guide. Exhibit 7-3 is an administrative hearing guide to serve as an aid in conducting the peer review panel proceedings. Its use is not mandatory, and it confers no substantive rights on providers.

6. Provider's Rights at a Peer Review Hearing

a. Right to Counsel or Representative. The provider has a right at the peer review hearing to have an attorney or other personal representative present as an advisor or observer. This advisor or observer does not have the right to address the panel directly. The provider may hire a civilian attorney or other person at his or her own expense, or if a member of the Armed Forces, may request military counsel be appointed. Military counsel will only be appointed if the requested counsel's commanding officer or reporting senior determines, at his or her sole discretion, that such counsel is reasonably available.

b. Right to Challenge for Cause. The provider may challenge members of the peer review panel for cause only. The provider must state specifically the ground for any challenge(s) issued.

(1) Panel members. Cause for removal of a member of the peer review panel exists if a member has a predisposed attitude toward the outcome of the hearing or has acted as preliminary inquiry officer, investigating officer, or advisor to the privileging authority in the matter under review. Mere knowledge of the facts of a case is not sufficient grounds for removal.

(2) Ruling authority. Except for a challenge to the chairperson, the remaining members of the peer review panel, by majority vote in the absence of the challenged member, determine the validity of a challenge. The privileging authority determines the validity of a challenge to the chairperson.

c. Right to Question Witnesses. The provider may question any witness who testifies before the peer review panel.

d. Right to Call Witnesses. The provider may call witnesses to testify on his or her behalf. If a witness is unwilling to appear voluntarily, the provider may request the privileging authority to seek to obtain the presence of the witness per paragraph 5c above. In such cases, the provider must provide the privileging authority with a synopsis of the expected testimony of the witness, its relevance to the proceeding, and substantiate why written or recorded testimony is insufficient. The privileging authority may refuse any untimely witness request submitted after the time required for pre-hearing disclosure of information under paragraph 3 of this enclosure. In determining whether to obtain the presence of a requested witness, the privileging authority will apply the standards of paragraph 5c of this enclosure.

e. Right to Submit Documentary Evidence. The provider may submit written or recorded evidence to the peer review panel.

f. Right to Testify. The provider may make a statement to the peer review panel. If the provider elects to make such a statement, he or she may be questioned by the members of the peer review panel.

7. Record Summary. The peer review hearing must be recorded by a reliable recording device. No recording device, other than that used by the recorder or secretary to assist preparation of the record summary or verbatim transcript, will be permitted in the hearing. A record summary of the hearing must be prepared and authenticated by the chairperson of the peer review panel. For those cases where an appeal is filed, a verbatim transcript of the peer review hearing must accompany the appeal package to BUMED (MED-03L).

8. Peer Review Panel Deliberations

a. The peer review panel will meet to review the information and to deliberate in every case where a summary suspension of clinical privileges has occurred, regardless whether the provider has appeared at a hearing, submitted written matters, or waived all rights. Peer review panel deliberations will be held in closed session.

b. The peer review panel must make findings of fact for each allegation of misconduct or impairment. The standard of proof for such findings is a preponderance of the evidence; that is, it is more likely than not the particular fact is true, partially true or untrue.

c. For each allegation, the peer review panel must reach a specific conclusion, based upon relevant facts, that the allegation is true, partially true, or untrue. (No other terms may be substituted for "true," "partially true," or "untrue.") In reaching this conclusion, the standard of proof is a preponderance of the evidence.

d. Based upon its findings and conclusions, the peer review panel must make a recommendation, by majority vote, to the privileging authority the provider's privileges either be reinstated or initially granted, denied, reduced, suspended, or revoked. If a reduction or suspension of privileges is recommended, the specific scope of the reduction or suspension must be stated. Recommendations may be made by the panel about measures a provider might take to accomplish reinstatement of privileges. (A reduction or revocation of clinical privileges is a permanent adverse action. A suspension of clinical privileges is a temporary adverse action. All are reportable to the NPDB.)

e. The peer review panel may recommend the provider's professional staff appointment be terminated or continued. A recommendation to terminate the professional staff appointment is inconsistent with a recommendation that would leave any clinical privileges intact. Similarly, a recommendation to grant or continue a professional staff appointment is inconsistent with a recommendation to deny or revoke privileges.

9. Peer Review Panel Report

a. The peer review panel must prepare a written report at the conclusion of their deliberations that states:

(1) The allegations investigated.

(2) For each allegation, the panel's findings of fact.

(3) For each allegation, a conclusion as to whether the allegation is true, partially true, or untrue.

(4) The panel's recommendations concerning the provider's privileges and professional staff appointment.

b. Any member of the peer review panel who dissents from any aspect of the report may attach a statement explaining their dissent.

c. The record summary (or, if applicable, the verbatim transcript) of the hearing, the appointing order, and all other documents considered by the peer review panel must be appended to the report. Per paragraph 7 above, the record summary must be properly authenticated by the chairperson.

d. The peer review panel report must be submitted to the privileging authority within 14 days of the close of the peer review hearing. A full copy of the report with all attachments must be provided to the provider at that time.

e. Exhibit 7-4 is a sample peer review panel report.

10. Provider's Comments to the Panel Report. Upon receiving a copy of the peer review panel's report, the provider has 7 days to provide the privileging authority with any comments on the report. The provider may comment on any misstatements or inaccuracies in the findings of fact reported by the panel, on any procedural or evidentiary errors raised during the proceedings, and on the appropriateness of the panel's recommendations. Whether the provider elects to appear before a peer review panel or waives such appearance.

SAMPLE LETTER OF NOTIFICATION OF HEARING

From: Commanding Officer, Naval Hospital, _____
To: Provider

Subj: NOTICE OF HEARING

Ref: (a) BUMEDINST 6320.67A

Encl: (1) List of witnesses and synopsis of expected testimony
(2) (Documents to be considered by peer review panel)

1. Per reference (a), you are hereby informed your peer review hearing will be held at (location) on (date and time).

2. You are advised failure to appear on your part, absent good cause, constitutes a waiver of appearance.

3. You are advised the witnesses listed in enclosure (1) will appear before the peer review panel.

4. You are advised the documents attached as enclosures (2) through (x) will be considered by the peer review panel.

5. You are advised you will have the following rights at the peer review hearing:

a. The right to have counsel or other personal representative present as an advisor or observer.

b. The right to challenge any member of the peer review panel for cause.

c. The right to question witnesses.

d. The right to call witnesses.

e. The right to submit documentary evidence.

f. The right to testify.

6. You are reminded at least 7 days before the scheduled date of the peer review hearing you must provide the names of any witnesses you intend to call at the hearing with a brief synopsis of their expected testimony. At that time you must also provide copies of all documents you intend to offer for consideration by the peer review panel. You are further advised if you require my assistance in obtaining the appearance of any witness, military or civilian, you must make that request no later than 7 days before the scheduled date of the hearing and provide me a

synopsis of the witness' expected testimony with an explanation why a written or recorded statement is not an adequate substitute for the witness' personal appearance.

(Signature)

Copy to:
Chairman, Credentials Committee
Professional Affairs Coordinator

RECEIPT ACKNOWLEDGED

(Provider's Signature)	(Witness' Signature)
(Date)	(Date)

SAMPLE PEER REVIEW PANEL APPOINTING LETTER

From: Commanding Officer, Naval Hospital, _____
To: Captain _____, MC, USN

Subj: PEER REVIEW PANEL APPOINTMENT

Ref: (a) BUMEDINST 6320.67A

Encl: (1) Copy of my ltr 6320 Ser xx/zzzz of (date)
(Notice of Summary Suspension of Clinical Privileges)

1. Per reference (a), you are appointed chairperson of a peer review panel to hear the case of (provider). You will familiarize yourself with reference (a). All rights of the respondent will be strictly observed, with particular emphasis on time limitations. Enclosure (1) was received by the respondent on (date). The administrative hearing should start on (no sooner than 31 days after the date respondent received enclosure (1)). You are to immediately inform me, in writing, if for any reason the hearing is not going to start on that date. The hearing may start earlier than (the above date) only if the respondent agrees, in writing, to an earlier date.

2. The following individuals are appointed to the peer review panel in the capacity indicated:

(Note: See paragraph 4 of enclosure (7) for eligibility requirements for peer review panel members.)

(Signature)

PEER REVIEW PANEL
ADMINISTRATIVE HEARING GUIDE

The following abbreviations are used throughout this guide:

CHRP: Chairperson
REC: Recorder
RESP: Respondent/Provider
WIT: Witness

CHRP: This meeting of the Naval (Hospital or Dental Clinic) Peer Review Panel will come to order. The recorder will note the time, date, and place of this hearing.

(Note: The REC should record the time and date of the opening and closing of each session of the panel and the presence (or absence) of all parties (panel members, REC, RESP, counsel for the respondent or other representative.)

CHRP: This peer review hearing has been convened by Commanding Officer, Naval (Hospital or Dental Clinic), letter of (date), a copy of which has previously been provided to all parties who are present. A copy of the appointing letter will be appended to the panel report as Exhibit 1.

CHRP: The following persons are present:

_____, Chairperson

_____, Member

_____, Member

_____, Member

_____, Recorder

_____, Respondent

_____, Advisor or observer for the respondent

CHRP: This hearing has been convened for the purpose of considering the pertinent facts relating to clinical privileges and (medical or dental) staff membership in the case of (provider, present duty assignment) who is alleged (state the specific allegations of impairment or misconduct under consideration). This panel will make findings of fact and will make recommendations to the commanding officer concerning the (medical or dental) clinical privileges to be maintained by the

respondent at this command. If this panel recommends adverse action as defined by BUMEDINST 6320.67A, the reasons for that action will be stated along with the type of action recommended.

CHRP: (Provider), I will now discuss with you your rights in connection with this hearing. If you have any questions about any of these rights, do not hesitate to ask me. If you wish, you may discuss your questions with your (counsel or representative). Commanding Officer, Naval (Hospital or Dental Clinic), letter of (date) provided you notice of clinical privileges summary suspension and advice of rights for this peer review hearing. That letter will be made Exhibit 2 of the panel report. BUMEDINST 6320.67A provides 30 days must elapse between the time you received actual notice of your rights at this hearing and when the hearing starts, unless you agree to an earlier date. This is to ensure you have ample opportunity to prepare your case to respond to the allegations. (As applicable: (You were given a copy of Exhibit 2 more than 30 days ago. The hearing may proceed.) or (You were given a copy of Exhibit 2 less than 30 days ago. The hearing may not start before (date) unless you agree. Do you wish to waive your right to the full 30-day period and proceed now or do you prefer to reschedule the hearing to start (date)?)

First, you have the right to appear before this panel with or without counsel or personal representative. Your counsel or personal representative may only act as an advisor or observer and may not directly address this panel.

Second, you may challenge any voting member of this panel for cause; that is, by showing a member cannot render a fair, impartial decision. Cause for removal of a member exists if a member has a predisposed attitude toward the outcome of the hearing. Mere knowledge of the facts of a case is not sufficient cause for removal. In this connection, you may question any panel member to determine whether a basis for challenge exists.

Third, you may examine any and all documentary evidence available to the panel that has a bearing on any matter relevant to this hearing. In this regard, I want to advise you the instruction establishing the peer review hearing process provides at least 10 days before the hearing you were to be provided:

1. Written notice of the specific date, time, and place of the hearing.

2. Any documentary evidence concerning the allegations against you to be considered at the hearing.

3. Names and addresses of witnesses to be called to testify at the hearing and the matters their testimony will cover.

Did you receive this information at least 10 days before the hearing?

(Note: If respondent did not, the reason for the delay in providing the information should be stated for the record and the following stated: Since you did not receive all of the above information in a timely manner, you have a right to request delay of the hearing until (date). Do you wish to proceed with the hearing today or wish to instead start the hearing on (date)? Any information not previously made available to you will now be provided.)

(Note: As a matter of practice, all relevant information should be provided to the provider well in advance of the hearing date and, as new information becomes known or available, it should be promptly shared with the provider.)

Fourth, you may submit an oral or written statement on your own behalf or you may choose to remain silent. If you choose to testify, you will be subject to questioning by the panel members.

Fifth, you may call witnesses to testify on your behalf.

Sixth, you may submit documentary evidence you wish the panel to consider. This includes, but is not limited to, depositions, sworn or unsworn statements, affidavits, and stipulations. This also includes depositions of witnesses not reasonably available to appear at the hearing and other witnesses unwilling to appear voluntarily. BUMEDINST 6320.67A required you disclose any documentary evidence you wanted the panel to consider at least 7 days before the hearing. I may, upon a showing of good cause, allow you to introduce information to this panel you did not previously disclose; however, I will also consider granting reasonable delay to allow other documents or witnesses to be located and available to the panel if relevant to address issues or matters your evidence raises.

Lastly, you may question any witnesses who appear before the panel.

Your failure to invoke any of these rights is not a bar to the peer review proceedings or to the panel findings or recommendations.

There are some procedural rules in connection with this hearing I will now explain to you.

First, these proceedings are administrative in nature. The rules of evidence do not apply. The panel may consider information that might not be admissible in a court of law, so long as the information is relevant to matters before this panel.

Second, if you have any objections to any matters introduced, or to any of the proceedings of this panel, you may state your objection and the reasons for it. No formal ruling will be made to your objection. The objection will be noted in the summary of the hearing for reviewing authorities to consider.

Third, if you desire a postponement or continuance of this hearing, you must submit your request to the commanding officer via this panel. Your request may be granted only upon a showing of good cause.

Do you have any questions concerning your rights or procedures before this panel?

RESP: ((Questions) or (The respondent has no questions.))

CHRP: Any voting members of the peer review panel who are aware of any matter which would prevent them from rendering an objective, independent, fair, and impartial decision based only on the evidence presented at this hearing should now state such matter.

(Panel members' response(s))

CHRP: At this time, do you wish to question any voting member of this panel in relation to any matter that may constitute grounds for challenging the member?

RESP: ((Questions) or (The respondent has no questions.))

CHRP: Do you have any challenge to any voting member of the panel?

RESP: ((Challenge(s) or (The respondent has no challenge(s).))

CHRP: At this point, we will hear from the recorder who will provide a brief statement of the allegations that require this hearing.

(Note: The recorder should make a brief statement reviewing the facts and circumstances that led to the hearing, including a recitation of the actions taken previously by the commanding officer or the panel in the subject case. The recorder should be unbiased in his recitation and not act as an advocate for any outcome.)

CHRP: Does respondent desire to make an opening statement?

RESP: (Opening Statement)

(Note: The opening statement may be made now or before presentation of respondent's case.)

CHRP: At this time, the panel will receive such documents as are pertinent to this hearing.

(Note: Besides documents normally entered as exhibits at the hearing as they are received as evidence, all documents are relevant to the proceedings and concern events that have occurred before the start of the hearing should be made exhibits to the record. Items to consider include the appointing letter, the letter of clinical privileges summary suspension, the notice to respondent of the hearing date, correspondence concerning witness requests, requests for delays in the hearing date, and any waiver of any right by respondent.)

REC: The following documents are submitted for the panel's consideration.

Exhibit 1 is the convening order for this hearing.

Exhibit 2 is a letter from the commanding officer to the respondent notifying him or her of summary action taken with respect to his or her privileges.

Exhibit 3 ... etc.

CHRP: Are there any objections to the panel's consideration of these exhibits?

RESP: ((Objection) or (There is no objection.))

CHRP: Does respondent have any documents he or she wishes the panel to consider?

RESP: The following documents are submitted for the panel's consideration:

Exhibit A is ...

Exhibit B is ... etc.

CHRP: Exhibits 1 through ___ and A through ___ are accepted and made a part of the hearing record.

(Note: The panel may wish to recess at this point to allow all members the opportunity to review the documentary evidence.)

CHRP: Recorder will call the first witness the panel has requested.

REC: The first witness is _____.

(Note: The chairperson is required to order all oral evidence at the hearing be taken under oath or affirmation.)

REC: (Administering oath or affirmation.) Do you swear (or affirm) the evidence you give in the case now in hearing will be the truth, the whole truth, and nothing but the truth?

WIT: I do.

REC: Would you state your name, grade or rate, unit, and armed force?

WIT: (Answer).

(Note: The recorder should conduct the initial introductory questioning of each witness. Detailed questioning on the medical aspects of the allegations should be done by the panel members. Thereafter, respondent will have an opportunity to question the witness.)

CHRP: (After questioning is completed.) Thank you for your testimony. You are not to discuss your testimony except with a member of the panel, recorder, or respondent.

(Note: After all witnesses desired by the panel have testified, respondent should be permitted to present testimony of witnesses he or she calls. Recorder should administer the oath. Initial questioning will be conducted by the respondent, followed by questions from the panel members.)

RESP: (At conclusion of witness testimony.) I have nothing further to present.

(Note: If the panel now desires additional witnesses, they may be called or recalled at this point.)

CHRP: Has recorder or respondent anything further to offer?

REC/RESP: No, sir.

CHRP: The panel will close for deliberations. You will be provided a copy of the panel's report when forwarded to the commanding officer. The hearing is adjourned.

SAMPLE PEER REVIEW PANEL REPORT

From: Chairman, Peer Review Panel
To: Commanding Officer, Naval Hospital, _____

Subj: PEER REVIEW PANEL HEARING IN THE CASE OF (RESPONDENT)

Ref: (a) BUMEDINST 6320.67A
(b) NAVHOSPINST XXXX.XX
(c) Your ltr (Peer review panel appointing letter)

Encl: (1) Record summary (or verbatim transcript) of hearing
(2) Exhibits

1. On (date), per the provisions of references (a) and (b), a peer review panel met as directed by reference (c).

PRELIMINARY STATEMENT

(Note: A preliminary statement may be used if necessary to inform the privileging authority of any difficulties encountered in carrying out the hearing as directed.)

FINDINGS

(Note: The panel must state separate findings of fact related to each allegation and the specific evidence it considered as supporting each finding.)

CONCLUSIONS

(Note: For each allegation, the panel must state a conclusion the allegation was true, partially true, or untrue. The panel must not deviate from the terms true, partially true, or untrue. They are the only three conclusions allowed by the instruction and must be made for each, individual allegation.)

RECOMMENDATIONS

(Note: The panel will recommend, based upon the findings and conclusions, whether respondent's clinical privileges should be reinstated, granted, denied, permanently reduced, temporarily suspended or revoked, as appropriate.)

(Signature)

PRIVILEGING AUTHORITY'S FINAL DECISION

1. The privileging authority has 7 days from receipt of the provider's comments on the peer review panel report or the expiration of the time allowed for the provider to make such comments to advise the provider, in writing, of his or her final decision.

2. The privileging authority's decision must be based upon the information contained in the peer review panel report and any comments of the provider.

3. The privileging authority must take one of the following actions on the provider's privileges:

a. Reinstate all privileges or grant initial privileges.

b. Deny requested privileges in whole or in part.

c. Permanently reduce privileges.

d. Temporarily suspend privileges.

e. Revoke privileges.

Additionally, the privileging authority must decide whether the provider's professional staff appointment should be continued or terminated. A continuation or granting of professional staff appointment is inconsistent with a decision to deny or revoke clinical staff privileges. Similarly, a decision to terminate a professional staff appointment is inconsistent with a decision that would leave any clinical privileges intact.

4. The privileging authority must take action consistent with concerns for patient safety, the furtherance of quality health care, and the overall integrity of Navy Medicine. To these ends, although the privileging authority should give great deference to the recommendations of the peer review panel, they are not binding upon his or her final decision. However, in those instances where a privileging authority disagrees with the peer review panel's recommendations, the privileging authority must clearly state the reasons for disagreeing, including providing supporting facts from the peer review record, when notifying the provider of the final decision.

5. If the privileging authority's final decision results in adverse privileging action, the provider must be advised, in writing, of the right to appeal the decision to BUMED.

APPEAL

1. A provider may appeal a privileging authority's final decision to deny, reduce, suspend, or revoke clinical privileges. The appeal must be submitted to Chief, BUMED (MED-03L), in writing and via the privileging authority, within 14 days of the provider's receipt of the privileging authority's final decision. The grounds for the appeal must be stated. The decision of the privileging authority remains in effect during the appeal.

2. Appeal decisions will ordinarily be limited to a review of the stated grounds for appeal. However, Chief, BUMED may direct corrective action if a procedural error not raised by the provider's appeal is identified during appellate review and affects the fundamental fairness of the peer review process.

3. For new evidence to be first considered on appeal, the provider must show the information was not reasonably available at the time of the peer review hearing and could not have been discovered by the provider through the exercise of due diligence.

4. Chief, BUMED will review the stated grounds for appeal, the evidence of record, and any new information permitted under paragraph 3 above. The standard for decision on appeal is whether the decision of the privileging authority was an abuse of discretion. The provider will be informed, in writing, of the decision to grant or deny the appeal. The decision of the Chief, BUMED is final.

5. In those instances where Chief, BUMED, as corporate privileging authority, takes direct adverse privileging action on a provider's privileges, such an action will constitute final action on that case.

SAMPLE HEALTH CARE PROVIDER MESSAGE FORMATS
RECEIPT OF ALLEGATIONS AND
COMMENCEMENT OF AN INVESTIGATION

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: INFORMATION ON CLINICAL PRIVILEGES OR PROVIDER MISCONDUCT

A. BUMEDINST 6320.67A

1. INFO PROVIDED IAW REF A.

2. SSN, INITIALS, GRADE OR RATE, DESIGNATOR, AND YEARS OF FEDERAL SERVICE (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

3. PROVIDER SPECIALTY (LIST ALL SPECIALTIES):

A. TYPE

B. BOARD CERTIFIED/RESIDENCY COMPLETED/IN TRAINING/NONE (INDICATE WHICH)

C. SOURCE OF ACCESSION (MILITARY: VOLUNTEER, HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM, UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES, NATIONAL GUARD, OR RESERVE COMPONENTS, OTHER; CIVILIAN: CIVIL SERVICE, CONTRACTED (SUPPLY NAME OF CONTRACTOR), CONSULTANT, FOREIGN NATIONAL, LOCAL HIRE, OTHER).

4. ADDITIONAL INFORMATION:

A. PROFESSIONAL SCHOOL ATTENDED AND DEGREE RECEIVED

B. YEAR DEGREE AWARDED

C. DATE OF BIRTH

D. STATES OF ACTIVE LICENSURE AND LICENSE NUMBERS

E. NATIONAL CERTIFICATION AND CERTIFICATION NUMBER

F. PROVIDER STATUS (MILITARY-NAVY, PUBLIC HEALTH SERVICE, CIVILIAN GOVT EMPLOYEE, PARTNERSHIP INTERNAL, PARTNERSHIP EXTERNAL, PERSONAL SERVICES CONTRACT, NON-PERSONAL SERVICES CONTRACT, OTHER (SPECIFY)).

G. CURRENT HOME ADDRESS

H. HOME OF RECORD

I. ANTICIPATED DATE OF SEPARATION FROM THE NAVY (IF KNOWN)

5. I HAVE RECEIVED ALLEGATIONS OF (MISCONDUCT OR IMPAIRMENT) BY THE ABOVE IDENTIFIED INDIVIDUAL. BASED ON THOSE REPORTS I HAVE SUSPENDED (ALL OR PARTIAL) CLINICAL PRIVILEGES AS OF (DATE). AN INVESTIGATION WAS CONVENED ON (DATE).

6. POINT OF CONTACT AND TELEPHONE NUMBER

(NOTE: IN PARAGRAPH 4, GIVE SPECIFICS WHEN KNOWN CONCERNING ALLEGATION)

REPORT OF INVESTIGATION

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: INFORMATION ON CLINICAL PRIVILEGES OR PROVIDER MISCONDUCT

A. BUMEDINST 6320.67A

1. INFO PROVIDED IAW REF A.

2. SSN, INITIALS, GRADE OR RATE, DESIGNATOR, AND YEARS OF FEDERAL SERVICE (FOR CIVILIANS, ADD GS RATING) (NO NAMES)

3. PROVIDER SPECIALTY (LIST ALL SPECIALTIES):

A. TYPE

B. BOARD CERTIFIED/RESIDENCY COMPLETED/IN TRAINING/NONE (INDICATE WHICH)

C. SOURCE OF ACCESSION (MILITARY: VOLUNTEER, HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM, UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES, NATIONAL GUARD, OR RESERVE COMPONENTS, OTHER; CIVILIAN: CIVIL SERVICE, CONTRACTED (SUPPLY NAME OF CONTRACTOR), CONSULTANT, FOREIGN NATIONAL, LOCAL HIRE, OTHER).

4. ADDITIONAL INFORMATION:

A. PROFESSIONAL SCHOOL ATTENDED AND DEGREE RECEIVED

B. YEAR DEGREE AWARDED

C. DATE OF BIRTH

D. STATES OF ACTIVE LICENSURE AND LICENSE NUMBERS

E. NATIONAL CERTIFICATION AND CERTIFICATION NUMBER

F. PROVIDER STATUS (MILITARY-NAVY, PUBLIC HEALTH SERVICE, CIVILIAN GOVT EMPLOYEE, PARTNERSHIP INTERNAL, PARTNERSHIP

EXTERNAL, PERSONAL SERVICES CONTRACT, NON-PERSONAL SERVICES CONTRACT, OTHER (SPECIFY)).

G. CURRENT HOME ADDRESS

H. HOME OF RECORD

I. ANTICIPATED DATE OF SEPARATION FROM THE NAVY (IF KNOWN)

5. I HAVE REVIEWED THE FINDINGS OF THE INVESTIGATION INTO THE CONDUCT OF THE ABOVE IDENTIFIED INDIVIDUAL. BASED ON THIS REPORT, I HAVE (SUSPENDED (ALL OR PARTIAL) CLINICAL PRIVILEGES AS OF (DATE)) OR (FOUND NO EVIDENCE SUBSTANTIATING THE ALLEGATIONS OF --*--).

6. POINT OF CONTACT AND TELEPHONE NUMBER

(NOTE: IN PARAGRAPH 4, PROVIDE BRIEF SYNOPSIS OF KNOWN FACTS.)

PEER REVIEW

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC//MED-03L//

UNCLAS//N06320//

SUBJ: INFORMATION ON CLINICAL PRIVILEGES

A. BUMEDINST 6320.67A

1. SSN, INITIALS, GRADE OR RATE, AND DESIGNATOR (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

2. IAW REF A, I HAVE REVIEWED THE PEER REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS. THE COMMITTEE RECOMMENDED ((REINSTATEMENT) (INITIAL GRANTING) (DENIAL) (REDUCTION) (SUSPENSION) OR (REVOCATION)) OF PRIVILEGES. I ((DID)/(DID NOT)) FEEL THE RECOMMENDATIONS WERE COMMENSURATE WITH THE NATURE OF THE ALLEGATIONS AND PREPONDERANCE OF THE EVIDENCE AND I HAVE ((REINSTATED) (INITIALLY GRANTED) (DENIED) (REDUCED) (SUSPENDED) OR (REVOKED)) PRIVILEGES AS OF (DATE) OF THE INDIVIDUAL ABOVE.

3. POINT OF CONTACT AND TELEPHONE NUMBER.

NOTIFICATION OF APPEAL RIGHT

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-O3L//

UNCLAS//N06320//

SUBJ: INFORMATION ON CLINICAL PRIVILEGES

A. BUMEDINST 6320.67A

1. SSN, INITIALS, GRADE OR RATE, AND DESIGNATOR (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

2. IAW REF A, INDIVIDUAL IDENTIFIED ABOVE INFORMED ON (INSERT DATE) OF MY DECISION TO ((REINSTATE) (GRANT) (DENY) (REDUCE) (SUSPEND) OR (REVOKE)) HIS OR HER PRIVILEGES. INDIVIDUAL ADVISED OF APPEAL RIGHTS PER ENCLOSURE 8 OF REF A ON (INSERT DATE).

3. POINT OF CONTACT AND TELEPHONE NUMBER.

ANTICIPATED DISCIPLINARY ACTION

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: ANTICIPATED DISCIPLINARY ACTION

A. BUMEDINST 6320.67A

B. MILPERSMAN 3410100

1. INFO PROVIDED IAW REFS A AND B.

2. SSN, INITIALS, GRADE OR RATE, DESIGNATOR AND YEARS OF FEDERAL SERVICE (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

3. PROVIDER SPECIALTY (LIST ALL SPECIALITIES):

A. TYPE

B. BOARD CERTIFIED/RESIDENCY COMPLETED/IN TRAINING/NONE (INDICATE WHICH)

C. SOURCE OF ACCESSION (MILITARY: VOLUNTEER, HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM, UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES, NATIONAL GUARD, OR RESERVE COMPONENTS, OTHER; CIVILIAN: CIVIL SERVICE, CONTRACTED (SUPPLY NAME OF CONTRACTOR), CONSULTANT, FOREIGN NATIONAL, LOCAL HIRE, OTHER)

4. ADDITIONAL INFORMATION:

A. PROFESSIONAL SCHOOL ATTENDED AND DEGREE RECEIVED

B. YEAR DEGREE AWARDED

C. DATE OF BIRTH

D. STATES OF ACTIVE LICENSURE AND LICENSE NUMBERS

E. NATIONAL CERTIFICATION AND CERTIFICATION NUMBER

F. PROVIDER STATUS (MILITARY-NAVY, PUBLIC HEALTH SERVICE, CIVILIAN GOVT EMPLOYEE, PARTNERSHIP INTERNAL, PARTNERSHIP EXTERNAL, PERSONAL SERVICES CONTRACT, NON-PERSONAL SERVICES CONTRACT, OTHER (SPECIFY)).

G. CURRENT HOME ADDRESS

H. HOME OF RECORD

I. ANTICIPATED DATE OF SEPARATION FROM THE NAVY (IF KNOWN)

5. DISCIPLINARY ACTION IS ANTICIPATED AGAINST THE ABOVE PROVIDER.

(INSERT THE APPROPRIATE LANGUAGE)

--THE PROVIDER WAS ARRESTED BY CIVILIAN POLICE AND IS BEING CHARGED WITH (INSERT A BRIEF STATEMENT OF THE CHARGES).

--COURTS-MARTIAL CHARGES HAVE BEEN PREFERRED AGAINST HIM OR HER. HE OR SHE IS CHARGED WITH (INSERT A BRIEF STATEMENT OF THE CHARGES).

6. BRIEF STATEMENT OF CIRCUMSTANCES SURROUNDING THE ALLEGED OFFENSE AND ANY OTHER PERTINENT INFORMATION.

7. PER REF A, COPIES OF ANY REPORTS PREPARED PER REF B WILL BE FORWARDED TO MED-03L.

8. POINT OF CONTACT AND TELEPHONE NUMBER.

DISCIPLINARY INFORMATION

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: DISCIPLINARY INFORMATION

A. (INITIAL DISCIPLINARY NOTIFICATION MSG)

1. SSN, INITIALS, GRADE OR RATE, AND DESIGNATOR (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

2. AS A FOLLOW-UP TO REF A, THE ABOVE PROVIDER HAS BEEN (INDICTED/REFERRED TO COURT MARTIAL) ON THE FOLLOWING CHARGES (BRIEF STATEMENT OF CHARGES).

3. POINT OF CONTACT AND TELEPHONE NUMBER.

COMPLETED DISCIPLINARY ACTION

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: COMPLETED DISCIPLINARY PROCEEDINGS

A. BUMEDINST 6320.67A

B. MILPERSMAN 3410100

1. SSN, INITIALS, GRADE OR RATE, AND DESIGNATOR (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

2. IAW REFS A AND B, THE ABOVE PROVIDER'S DISCIPLINARY PROCEEDINGS WERE COMPLETED ON (DATE). THE CHARGES AGAINST HIM OR HER WERE (INSERT CHARGES). HE OR SHE PLED (INSERT HOW HE OR SHE PLED TO EACH OF THE CHARGES).

3. HE OR SHE WAS FOUND (INSERT WHETHER HE OR SHE WAS FOUND GUILTY OR NOT GUILTY OF EACH CHARGE).

4. HE OR SHE WAS SENTENCED TO THE FOLLOWING PUNISHMENT: (INSERT WHAT, IF ANY, PUNISHMENT WAS IMPOSED).

5. PER REF A, COPIES OF ANY REPORTS PREPARED PER REF B WILL BE FORWARDED TO MED-03L.

6. POINT OF CONTACT AND TELEPHONE NUMBER.

MILITARY DISCIPLINARY ACTION BECOMES FINAL

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: FINAL DISCIPLINARY ACTION

A. BUMEDINST 6320.67A

B. MILPERSMAN 3410100

1. SSN, INITIALS, GRADE OR RATE, DESIGNATOR (NO NAMES).

2. IAW REFS A AND B, ON (DATE), THE ABOVE PROVIDER (RECEIVED NONJUDICIAL PUNISHMENT) (WAS TRIED BY SUMMARY/SPECIAL/GENERAL COURTS-MARTIAL).

3. (IF NJP) THE AWARD OF PUNISHMENT BECAME FINAL ON (DATE) WHEN (INSERT APPROPRIATE LANGUAGE).

A. THE PROVIDER SIGNED A WRITTEN WAIVER OF HIS OR HER RIGHT TO APPEAL.

B. THE PROVIDER FAILED TO SUBMIT AN APPEAL WITHIN THE DESIGNATED TIME PERIOD.

C. THE PROVIDER'S APPEAL WAS DENIED.

4. (IF COURTS-MARTIAL) THE COURTS-MARTIAL PROCEEDINGS BECAME FINAL ON (DATE) WHEN THE CONVENING AUTHORITY ACTED UPON THE RECORD OF TRIAL. THE CONVENING AUTHORITY (APPROVED) (DISAPPROVED) (PARTIALLY APPROVED) THE FINDINGS AND SENTENCE. (IF THE RESULTS WERE ONLY PARTIALLY APPROVED, STATE THE EXTENT TO WHICH RESULTS WERE APPROVED.)

5. STATE THE EXTENT TO WHICH THE SENTENCE WAS SUSPENDED, IF AT ALL, AND ANY OTHER PERTINENT INFORMATION.

6. PER REF A, COPIES OF ANY REPORTS PREPARED PER REF B WILL BE FORWARDED TO MED-03L.

7. POINT OF CONTACT AND TELEPHONE NUMBER.

DISABILITY ACTION

FROM: COMMAND OR PRIVILEGING AUTHORITY

TO: BUMED WASHINGTON DC //MED-03L//

UNCLAS//N06320//

SUBJ: DISABILITY ACTION ICO HEALTH CARE PROVIDER

A. BUMEDINST 6320.67A

1. INFO PROVIDED IAW REF A.

2. SSN, INITIALS, GRADE OR RATE, DESIGNATOR AND YEARS OF FEDERAL SERVICE (FOR CIVILIANS, ADD GS RATING) (NO NAMES).

3. PROVIDER SPECIALTY (LIST ALL SPECIALITIES):

A. TYPE

B. BOARD CERTIFIED/RESIDENCY COMPLETED/IN TRAINING/NONE (INDICATE WHICH)

C. SOURCE OF ACCESSION (MILITARY: VOLUNTEER, HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM, UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES, NATIONAL GUARD, OR RESERVE COMPONENTS, OTHER; CIVILIAN: CIVIL RIGHTS, CONTRACTED (SUPPLY NAME OF CONTRACTOR), CONSULTANT, FOREIGN NATIONAL, LOCAL HIRE, OTHER)

4. ADDITIONAL INFORMATION

A. PROFESSIONAL SCHOOL ATTENDED AND DEGREE RECEIVED

B. YEAR DEGREE AWARDED

C. DATE OF BIRTH

D. STATES OF ACTIVE LICENSURE AND LICENSE NUMBERS

E. NATIONAL CERTIFICATION AND CERTIFICATION NUMBER

F. PROVIDER STATUS (MILITARY-NAVY, PUBLIC HEALTH SERVICE, CIVILIAN GOVT EMPLOYEE, PARTNERSHIP INTERNAL, PARTNERSHIP EXTERNAL, PERSONAL SERVICES CONTRACT, NON-PERSONAL SERVICES CONTRACT, OTHER (SPECIFY)).

G. CURRENT HOME ADDRESS

H. HOME OF RECORD

I. ANTICIPATED DATE OF SEPARATION FROM THE NAVY (IF KNOWN).

5. MEDICAL BOARD PROCEDURES WERE CONVENED REGARDING THE ABOVE PROVIDER. THE REPORT OF THE MEDICAL BOARD RECOMMENDED THAT THE PROVIDER BE (SEPARATED OR RETIRED) FROM THE NAVAL SERVICE. (PROVIDE STATEMENT CONCERNING ANY PRIVILEGING ACTION TAKEN OR REASONS UNDERLYING THE DECISION NOT TO TAKE SUCH ACTION.)

6. POINT OF CONTACT AND TELEPHONE NUMBER.